

**Water Resources Program****Request for Determination of Water Budget Neutrality**☐ SURFACE WATER☒ GROUND WATER

- BAP 022

Section 1. APPLICANT

Applicant/Business Name: Erik & Laura Hanson (c/o Rob Hill) 21396		Phone No: 425-418-5015	Other No:
Address: c/o Rob Hill 2548 S. Camano Dr.			
City: Camano Island	State: WA	Zip: 98292	
Email Address (optional): hillshill@wavecable.com			

Contact Name (if different from above): Traci Shallbetter	Phone No: (509) 260-0037	Other No:
Relationship to Applicant: Attorney for SwiftWater Ranch/Agent for Applicant		
Address: 3201 Airport Road		
City: Cle Elum	State: WA	Zip: 98922
Email Address (optional): traci@shallbetterlaw.com		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: _____

The Hansons desire to secure a domestic supply of water to support one single family residence and 500 sf of irrigated lawn area associated with future development on their lot, utilizing a well with Well Tag ID BAP-022

Anticipated length of time to complete your project: 3-5 years

For Ecology Use	APPLICATION NO: 64-35573	SEPA: Exempt/Not Exempt
	Fee Paid: <u>6</u>	Check No: <u>0</u> ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date 07-11-2012 By <u>CS</u> WRIA: 39 Kitt

Water Use: List all proposed uses and the quantity required for each.

1. Single-family residential use with 500 sf irrigation (Parcel 21396)

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
Indoor residential			0.392	continuous
Outdoor irrigation			0.022	seasonal
TOTAL:	13 gpm		0.414	

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source

☐ Spring ☐ Creek ☐ River ☐ Lake

☐ Other: _____

Source Name: _____

Tributary to: _____

Number of proposed diversion points: _____

Do you have an existing diversion? ☐ YES ☐ NO

B.) If Ground Water Source

Do you have an existing well? ☒ YES ☐ NO

☒ Well(s) ☐ Other: _____

Existing well diameter & depth: 6"; 499 ft

If available, attach Water Well Report and pump test.

Well Tag ID No. BAP 022

Number of proposed points of withdrawal: 1

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
21396	NE	NE	26	20N	16E	KITTITAS
Lot(s)	Block(s)		Subdivision			
A-3			Bear Clan Short Plat			

Parcel 21396
lies in SE NE
SEC 27

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ Feet (☐ North/☐ South) and _____ feet (☐ East/☐ West)

from the (☐ NW ☐ SW ☐ NE ☐ SE ☐ _____) corner of Section _____.

NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper.

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 4. WATER SYSTEM INFORMATION

Complete A or B, C, D, E and F below

A.) Domestic Water Systems only

Projected number of connections to be served:
one

Type of connections: Single family home
(e.g., home, recreational cabin)

B.) Municipal Water Systems only

(defined under RCW 90.03.015)

Present population to be served water:

Estimate future population to be served:
(20 year projection)

C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☐ YES ☐ NO

If yes, date plan was approved ____/____/____ Water System Number: _____

Name of water system: _____

Are you within the service area of an existing water system? ☐ YES ☐ NO

If yes, explain why you are unable to connect to the system: _____

D.) On-Site Septic

Will there be an on-site septic system? ☒ YES ☐ NO

If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic drain field.

E.) Sanitary Sewer System

Will domestic wastewater be discharged to a sanitary sewer system? ☐ YES ☒ NO

If yes, please provide a copy of the sewer utility agreement that serves the proposed project.

F.) Irrigation

Total number of acres requested to be irrigated under this application = 500sf ~~XXXX~~

NOTE: Outline the area to be irrigated on your attached map.

Section 5. MITIGATION

To receive a new water right under Chapter 173-539A WAC, the applicant must identify an existing trust water right or pending application to place a water right in trust. The trust water right(s) must:

- Contribute an equal or greater amount to Yakima River flow during the irrigation season, as measured at Parker.
- Have a priority date earlier than May 10, 1905.
- Be eligible to be used for instream flow protection and mitigation of out-of-priority uses.

A) Existing Trust Water Right

Please identify existing trust water right(s) for use as mitigation.

Water Right No.	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
CS4-YRB03C2255 (A) CTCL@2	0.286 CFS	25.786	JUNE 30, 1890
TOTAL:		25.786	

B) Proposed Trust Water Right Application

Please identify the pending application(s) to place a water right(s) into trust for use as mitigation.

Water Right No.	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
TOTAL:			

Section 6. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Lot A-3, Bear Clan SP 05-11, Sec 26/27, T20N, R16E, and						
1/4	1/4	Section	Twp.	Range	County	Parcel No.
		26/27	20N	16E	Kittitas	21396

Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsible for the accuracy of the information provided.

Rob Hill
Print Name Rob Hill
(Applicant or authorized representative)

[Signature]
Signature

6/27/12
Date

Erik Hanson
Print Name Erik Hanson
(Land Owner, if seeking to use the ground water exemption)

[Signature]
Signature

6/21/12
Date

Submit this form to:

DEPARTMENT OF ECOLOGY
WATER RESOURCES PROGRAM
CENTRAL REGIONAL OFFICE
15 W. YAKIMA AVE, SUITE 200
YAKIMA, WA 98902-3452

Attachments:

- Site Map
- Well Log
- Septic Restrictive Covenant
- Groundwater Mitigation Contracts (SwiftWater Ranch)